



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

MONTHLY TRAINING REPORT

The Contractor must fill in the project (Section 645) training hours each month using the table below. The Contractor should retain the original, updating it monthly while the apprentice/trainee remains on the project. The Contractor is required to submit copies of each months updated report by the 15th of the following month to: 1) The Project Engineer, and 2) The Civil Rights Office OJT Coordinator at PO Box 196900, Anchorage, AK 99519-6900 or by fax to 907-269-0847.

Project No. (Federal/State)	Project Name
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Contractor	Point of Contact	Phone
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Employee Name	Social Security Number	Job Classification
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Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Ethnicity: Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>	American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/>	African American <input type="checkbox"/> Hispanic <input type="checkbox"/>
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Anticipated Start Date For Training (From Form 25A-311): _____

Date Employee Started On This Project: _____

Date Apprentice/Employee Employment Report Approved by the Engineer (From Form 25A-312): _____

1ST YEAR - _____

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
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2ND YEAR - _____

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
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3RD YEAR - _____

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC
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When the apprentice/trainee separates from this project, an explanation must be given:
☐ end of work ☐ seasonal shutdown ☐ terminated for cause ☐ quit

What was the last date worked by the apprentice/trainee on this project?

IF YOU ARE USING AN ADOT&PF 500 hour training program (provided on form 25A310) to meet the training requirements the following two questions must be answered:

1) Did the trainee complete the required 500 hour training curriculum? ☐ YES ☐ NO

2) If no, will this trainee continue the training program next season on this project? ☐ YES ☐ NO

If no, explain why not.

I certify that this form has been examined by me, and to the best of my knowledge and belief, is true, correct and complete.

Signature of Contractor

Date